



ERNIE FLETCHER  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
DEPARTMENT FOR MEDICAID SERVICES  
COMMISSIONER'S OFFICE  
275 EAST MAIN STREET, 6W-A  
FRANKFORT, KENTUCKY 40621-0001  
(502) 564-4321 (502) 564-0509 FAX  
[WWW.KENTUCKY.GOV](http://WWW.KENTUCKY.GOV)

JAMES W. HOLSINGER, JR., M.D.  
SECRETARY

December 16, 2004

Dear Provider:

This letter provides important information about changes to the Medicaid Pharmacy Program, including modification of drug prior authorization (PA) requirements. Changes are based on recommendations from the Kentucky Department for Medicaid Services. First Health Services, the Pharmacy Benefit Administrator for the Kentucky Medicaid Pharmacy Program, will initiate Prior Authorization requirements on atypical, second-generation antipsychotics, effective January 16, 2005.

Please fax requests for Prior Authorization to First Health at **FAX # 800-365-8835**.

**Atypical Antipsychotics:** The following changes are effective January 16, 2005.

- The following atypical antipsychotics will be placed on the preferred drug list for all recipients, including long term care, but excluding pediatric patients (dosage, duplicate therapy, and ICD-9 requirements will apply):
  - Risperdal (oral)
  - Risperdal-M (oral)
  - Seroquel (oral)
  - Geodon (oral)
  - Clozaril (oral)
- Prior Authorization will be required for the following non-preferred drugs (dosage, duplicate therapy, and ICD-9 requirements will apply):
  - Zyprexa (oral)
  - Zyprexa Zydis (oral)
  - Abilify (oral)
  - Symbyax (oral)
- There will be no preferred atypical antipsychotics for a recipient less than 18 years of age (dosage limit, duplicate therapy, and ICD-9 requirements apply).
- Patients currently on a **non-preferred** atypical (Zyprexa, Zyprexa Zydis, Abilify, Symbyax) and active in the Medicaid system will be permitted to continue with their current medication **only if dosage, and ICD-9 requirements are met.** New patients to the Medicaid program will not be grandfathered.
- All prescriptions, pediatric and adult, for atypical antipsychotics will only be filled for appropriate diagnoses (see attached). The prescriber must write either the appropriate ICD-9 code

or the diagnosis on the prescription. If the prescriber chooses not to do so, a prior authorization form must be completed with the ICD-9 code and diagnosis written on the PA form. The pharmacy provider will be required to submit an ICD-9 code when submitting a claim to Medicaid. The ICD-9 code will be submitted in Field 424-DO.

- Acceptable ICD-9 Codes Adults:
  - 290 & subsets SENILE/PRESENILE PSYCHOS (Dementia related Psychoses)
  - 293 & subsets DELIRIUM
  - 294 & subsets OTHER ORGANIC PSYCH COND
  - 295 & subsets SCHIZOPHRENIC DISORDERS
  - 296 & subsets AFFECTIVE PSYCHOSES (bipolar disorders)
  - 298 & subsets Psychoses
  - 300.14 MULTIPLE PERSONALITY
  - 301.20 Schizoid personality disorders
  - 301.21 Schizoid personality disorders
  - 301.22 Schizoid personality disorders
  
- Acceptable ICD-9 Codes Pediatrics (under 18 years) :
  - 294 & subsets OTHER ORGANIC PSYCH COND
  - 295 & subsets SCHIZOPHRENIC DISORDERS
  - 296 & subsets AFFECTIVE PSYCHOSES (bipolar disorders)
  - 298 & subsets Psychoses
  - 299 & subsets Psychoses - pediatric
  - 300.14 MULTIPLE PERSONALITY
  - 301.20, 301.21, 301.22 Schizoid personality disorders
  - 315 & subsets Pervasive Developmental Disorders
  - 307.20, 307.21, 307.22, 307.23 Tourette's Disorder, Including Tics
  - 309 & subsets Reactive Adjustment Disorders
  - 299 & subsets Autism Spectrum Disorders
  - 313.81 Opposition Defiance Disorder
  
- Duplicate Therapy Criteria:
  - Patients who are on two agents will be grandfathered (allowed to continue).
  - Patients who are on three agents will require PA.
  - Addition of a second agent to existing monotherapy will require PA.
  
- Doses above the maximum FDA-approved daily dose will require PA.
 

Abilify	30mg per day
Zyprexa	20mg per day
Zyprexa Zydis	20mg per day
Symbyax	18mg/75mg per day
Geodon	160mg per day
Risperdal	16mg per day
Risperdal-M	16mg per day
Seroquel	800mg per day
Clozaril	900mg per day
  
- Quantity limits, as previously recommended, will be evaluated via Retrospective Drug Utilization Review. Analysis of the profile reviews will determine possible future implementation of quantity limits.

**Internet Web Site:**

Medicaid's web site at <http://chfs.ky.gov/dms/> provides information about the Medicaid Pharmacy Program and related topics such as pharmacy provider letters, Pharmacy and Therapeutics Advisory Committee meetings and recommendations.

**Contact Information:**For Questions About

Previously sent drug PA requests

Billing of pharmacy claims

This letter or Medicaid policies

Contact

Prior Authorization Help Desk

Provider Help Desk

Pharmacy Department

Phone

800-477-3071 (*NEW*)

800-432-7005 (*NEW*)

502-564-7940

Sincerely,

A handwritten signature in black ink that reads "Shannon Turner". The signature is written in a cursive, flowing style.

Shannon Turner  
Commissioner